

Home Health Certification and Plan of Care				Order ID: 179/13205	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1EG4TE5MK73		01/01/2026		From: 01/01/2026 To: 03/01/2026	
				4. Medical Record No.	
				7678	
				5. Provider No.	
				242353	
6. Patient's Name and Address London Clinton 6910 Marsue Drive Apt 1A, TOWSON, MD 21204 667-352-9484				7. Provider's Name, Address and Telephone Number Home Health Cares 579# EAST MARKET@STREETS HARRISONBURG, VA 22801-1234 540-433-7146 1234567891	
8. DOB 06/14/1967 9.Sex Male				10. Medications: Dose/Frequency/Route (N)ew (C)hanged There are no Medications for this Plan of Care	
11. ICD E11.40		Principal Diagnosis Type 2 diabetes mellitus with diabetic neuropathy unsp		Date 01/01/26	
13. ICD		Other Pertinent Diagnoses		Date	
14. DME and Supplies: None of the above				15. Safety Measures: None of the above	
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET				17. Allergies: no known allergies	
18.A. Functional Limitations None of the above				18.B. Activities Permitted Other	
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential: SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.				22.B.Discharge Plans patient will be responsible for managing treatment patient will be responsible for managing treatment patient will be responsible for managing treatment	
Homebound status: PLACEHOLDER					
Clinical Condition Requiring Homecare: Dementia					
SN Careplans				SN Goals	
PT Careplans PT WK2: 1 (01/04/26-01/10/26) ,WK3: 1 (01/11/26-01/17/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object PROCEDURES: home exercise program, gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent				PT Goals PATIENT-STATED GOAL: Move Independently GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent	
OT Careplans OT WK1: 2 (01/01/26-01/03/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 98 > 99, heart rate < 50 > 80, respiratory rate < 8 > 15, blood pressure systolic < 100 > 150, blood pressure diastolic < 50 > 100, O2 saturation < 98 > 101, pain < 0 > 0 CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area HOSPITALIZATION RISKS: 10. None of the above				OT Goals PATIENT-STATED GOAL: Move Independently GOALS Shower/Bathe Self - 05. Setup or clean-up assistance patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy	
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Apigo R.N., Marion SN on 01/01/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address Joy De Castro maine, ME PHONE: 2077499791 FAX: 12072219995 NPI: 1801093968				26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan. F2F date :	
27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face				28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws. PAGE 1 of 2	

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STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits Advance Directive:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: , GG0130A1 - Eating, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, home exercise program, equipment training, work simplification/energy conservation, coordinate/arrange transportation services TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance			* recalls related medicatio patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient's transportation needs are met Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 05. Setup or clean-up assistance	

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Apigo R.N., Marion SN	01/01/2026